

Dell "Post Prom" Basketball Tournament

Saturday, February 28, 2015

Official Registration (please print clearly)

Team Name: _____

Coach Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Team Type

Boys

Grade 4 5 6 7 8

Rec, School, or Travel Team

PLEASE RATE YOUR TEAM BY CIRCILING THE NUMBER WHICH CLOSELY INDICATES YOUR TEAM'S STRENGTH:

1 2 3 4 5

Weak Average Strong

Fee: \$110 for all grades

Please mail registration form and payment to:

Dell Rapids "Post Prom" Basketball Tournament

c/o Jody Schumaker

509 E. 5th Street, Dell Rapids, SD 57022

Registration Deadline: February 21, 2015. Please contact if questions arise or seeking a spot after the deadline at Jody Schumaker at (605)201-4871 or emailing jjschzz@goldenwest.net

Tournament schedules will be emailed to designated email address approximately three days before the day of the event. East team is guaranteed 3 games. If weather causes cancellation, all but \$25 for the entry fee will be returned. Every effort will be made to place teams in competitive division but no refunds will be issued based on division placement.

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Player list: We would like to know your team. Please fill out your player list below. You may use the reverse side if necessary. The Player-Parent Liability Waiver also needs to be completed, but does not need to be submitted until prior to the first game.

Player Name

Age Today

Grade in school

TEAM PERMISSION AND RELEASE: *I give permission, on behalf of the players and their parents, for the above-name players to play in the Dells "Post Prom" Basketball Tournament. I understand that the Dell Rapids School District or the Dell Rapids Post Prom Committee and its committee members and volunteers have no responsibility, assumes none, and do not carry accident insurance for the benefit of players. We release the Dell Rapids School District, Dell Rapids Post Prom Committee, and all volunteers from all claims of any injuries and lost or stolen property which may occur while participating in this tournament. I assume full responsibility for the players' medical expenses and well-being and verify all information is accurate.*

Signature of coach: _____ Date: _____

Registration Contact: Jody Schumaker (605)428-4557/jjschzz@goldenwest.net

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Player – Parent Liability Waiver Agreement

Team Name: _____ Coach: _____

Email: _____ Cell: _____

I, the undersigned, release the Rapids School District and the Dell Rapids Post Prom Committee and its committee members, volunteers, employees, and officials from any and all liability for any injury or loss sustained by any player while playing, practicing, traveling, and participating in the Dells "Post Prom" Basketball Tournament. The signing of this Player – Parent Liability Waiver Agreement shall be considered as a waiver of any claim for any such injury or loss. If my child is injured and requires medical care, I consent to such care. All players and parent/guardian must sign this waiver form in order to be eligible to participate in this tournament. This form must be submitted prior to the start of the first game.

Player's Name (Print)	Parent/Guardian Signature

Team Representative: _____ Date: _____